

WOUND CARE REFERRALS

Thank you for choosing St. Peter's Health Wound Care! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-457-4249.**

Please provide the following information in order to help us best care for your patient:

Wound type: _____

Location: _____

Please determine scheduling priority:

- Urgent (*within 1 week*)
- Routine (*within 2-3 weeks*)

We request the following supporting documents, if they exist:

- | | |
|--|---|
| <input type="checkbox"/> Medication and allergy list | <input type="checkbox"/> Date of last tetanus (<i>we recommend tetanus in the past 5 years</i>) |
| <input type="checkbox"/> Vascular studies | |
| <input type="checkbox"/> Relevant laboratory results | <input type="checkbox"/> Has patient had the pneumococcal vaccination (<i>if applicable</i>)? |
| <input type="checkbox"/> Visit notes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Wound treatment to date | <input type="checkbox"/> No |

Please push any images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule. If you have any questions, please call 406-457-4241.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Wound Care